

KENTUCKY STATE BOARD FOR PROPRIETARY EDUCATION
911 Leawood Drive (40601)
PO Box 1360
Frankfort, Kentucky 40602
(502) 564-3296, ext. 239

APPLICATION FOR AUTHORIZATION TO AWARD AN ASSOCIATE DEGREE

In accordance with the authority defined in 783 KAR 1:010, as relates to KRS 165A (copy enclosed), the State Board for Proprietary Education will accept this application for consideration to award the school listed below Degree Granting Authority in the training area defined herein. This request will require an on-site visit by the Board's inspector. The on-site visit will correspond with the enclosed questionnaire. **Please print or type all information on this application. The associate degree application fee is \$500 (maximum fee of \$1,000 per submission per school) and should be remitted by check or money order made payable to the *Kentucky State Treasurer*. DO NOT SEND CASH.**

Date: _____

Type of Associate Degree to be awarded: _____

Name of Program for which the degree authorization is sought: _____

INSTITUTION INFORMATION:

Complete Name of Institution: _____

Complete Mailing Address: _____

Administrative Contact Person, Address, E-Mail Address, and Telephone and FAX Numbers:

E-Mail Address: _____

Telephone & FAX Numbers: _____

Date Institution Founded: _____

Complete Names and Titles of School Officials:

Complete Name, Address & Telephone Numbers of **all** School Owner(s):

Corporation Name: _____

Briefly state the school's philosophy and objectives: _____

ACCREDITATION

List all agencies currently accrediting or approving this school:

REQUESTED DEGREE PROGRAM INFORMATION

Date first class is to begin: _____

Briefly state the objectives for the program: _____

What method of needs analysis was done to determine the job market available to graduates of this program?

What are the requirements for admission to the program: GED ____ High School Diploma ____ Other ____

If Other is checked, please explain: _____

Attach a copy, marked Exhibit A, of the names and descriptions of all courses included in the proposed degree program. Indicate beside each of the newer courses (less than two years old) the length of time that they have been a part of your overall curriculum. Indicate "new" beside each course that will be offered for the first time.

List the name, degree held, date appointed, and teaching area of faculty members who will be teaching in the new degree program (marked Exhibit B). Attach a completed PE-14, School Personnel Form, for each instructor of the new degree program (or copy of most recent on file). **Distinguish between full-time and part-time faculty members.**

LIBRARY

Approximate number of library volumes; periodicals; computer databases and inter-library agreements:

Approximate percentage of the above resources pertaining to the proposed degree program:

Name and credentials of librarian:

FACILITY

Total number of classrooms and laboratories: _____

Number of classrooms and labs to be used in the proposed program: _____

Complete list of training equipment available for use in the proposed degree program (attach additional sheets if necessary).

DESCRIPTION	UNITS
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

The proposed degree program will be measured in:

Quarter Credit Hours _____ Semester Credit Hours _____

The number of semester/quarter credit hours required will be: _____

The total number of clock hours for the proposed degree program will be: _____

Of this number, _____ hours will be classroom instruction and _____ hours will be laboratory work.

The tuition rates and fees for the proposed degree program are: _____

Estimated cost of books and supplies: _____

Briefly describe the academic and personal counseling available to your students: _____

Does your institution meet the financial stability reporting requirements of your national or regional accrediting body? Yes _____ No _____

State your policy for granting credit for previous training: _____

Submit a copy of your school calendar (marked Exhibit C).

Briefly describe your placement service, including your record of success in placing recent graduates from existing programs: _____

Signature and title of person submitting this application and date of submission:

Print or type complete name and title of person submitting this application:

Date: _____

This application and all supporting material must be submitted with the application fee of \$500, by check or money order made payable to the *Kentucky State Treasurer*, to the office of the Kentucky State Board for Proprietary Education. DO NOT SEND CASH.

Pursuant to 201 KAR 40:020, Standards for associate degree award, (6), If approval of the new degree program is granted, a second full-site inspection will occur normally within sixty (60) days of the start of the first class. Expenses for all inspections will be borne by the institution.

You will be notified in writing of the date and time of the initial on-site inspection and the second inspection if Board approval of the new degree program is granted.